

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000044619

1. Entity Name
DAVY LLC



FILED

2004 DEC -6 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2701 S. BAYSHORE DRIVE, SUITE 402
MIAMI, FL 33133

Mailing Address
2701 S. BAYSHORE DRIVE, SUITE 402
MIAMI, FL 33133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10292004 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POIRIER, MARCELLE
2701 S. BAYSHORE DRIVE, SUITE 402
MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HAZAN, FRANCK
STREET ADDRESS 2701 S. BAYSHORE DRIVE, SUITE 402
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME 600043211908
STREET ADDRESS 12/06/04--01038--020 **50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HAZAN, MICHAEL
STREET ADDRESS 2701 S. BAYSHORE DRIVE, SUITE 402
CITY-ST-ZIP MIAMI, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee and I am required to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #